

300009054

UNITED STATES DISTRICT COURT

for the

Northern District of Texas

Dallas Division

FILED-USDC-NDTX-DA
23 DEC 4 PM 12:51

OK

3-23CV2667-S

Case No.

(to be filled in by the Clerk's Office)

Randy R. More

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☐ Yes ☒ No

Merrick Bank / CFO David Yang

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Randy R. More

3618 Arwiga Dr.

Garland - Dallas

Texas, 75044

(469) 412-2665

rm8676dm@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name

Memrick Bank

Job or Title *(if known)*

Street Address

P.O Box 5000

City and County

Draper - Salt Lake

State and Zip Code

Utah, 84020

Telephone Number

E-mail Address *(if known)*

Defendant No. 2

Name

David Young

Job or Title *(if known)*

CFO (Chief Financial Officer)

Street Address

P.O Box 5000

City and County

Draper - Salt Lake

State and Zip Code

Utah, 84020

Telephone Number

E-mail Address *(if known)*

Defendant No. 3

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

Defendant No. 4

Name

Job or Title *(if known)*

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address *(if known)*

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Federal Reserve 16, 12 U.S.C. 411, 12 U.S.C. 412 / Bills of Exchange

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

Or is incorporated under the laws of *(foreign nation)* _____, and has its principal place of business in *(name)* _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Memrick Bank/CFO David Yang has not excepted my tender of payment. I've communicated through mail three different occasions to perform fiduciary duties to my account and has failed to do so.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Memrick Bank/CFO David Yang has kept me from living life, liberty and the pursuit of happiness. I order the court's that they (Memrick Bank/CFO David Yang) except my tender of payment every month of the bill cycle to off-set the principal balance towards the principal's account.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

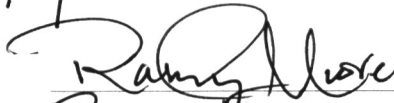
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

12/4/2023

Signature of Plaintiff

Printed Name of Plaintiff


Randy Moore**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

Claim of Credit

I, Moore R Randy/agent on behalf of RANDY R MOORE/PRINCIPAL, hereby accept all titles, rights, interest, and equity owed to RANDY R MOORE/PRINCIPAL.

I hereby instruct CFO David Young to apply the principal balance to the principal account #5425395070826375 for each and every billing cycle for set-off.

I also instruct CFO David Young to communicate in writing within 5 business days once instructions are completed.

If instructions are not completed, I instruct CFO David Young to respond in writing within 5 business days giving reason of non-performance of fiduciary duties.

If no communication is made within 5 business days, I, Moore R Randy/agent on behalf of RANDY R MOORE/PRINCIPAL can assume that instructions are completed.



| New Balance | Past Due Amount | Minimum Amt. Due | Payment Due Date | Write In Amount Of Payment Enclosed |
|-------------|-----------------|------------------|------------------|--|
| \$149.77 | \$0.00 | \$35.00 | 10/13/23 | \$ 149 .77 |

VISA

One - Hundred, forty-nine and $\frac{77}{100}$

Send Payments to:

MERRICK BANK
PO BOX 660702
DALLAS TX 75266-0702RANDY R MOORE SR
3618 AURIGA DR
GARLAND TX 75044-6638

63340

Q208



Paid to the Bearer 542539507082637500003500000149777

-RESTRICTED ENDORSEMENT-

Has your Contact Information Changed?

Please update your address, phone number or email address by:

Logging in to the Cardholder Center [at merrickbank.com/cardholdercenter](http://merrickbank.com/cardholdercenter).

-Or-

Calling us at 1-800-204-5936. We're available 24 hours a day, seven days a week.

By: Moore R Randy /agent Other Account Requests or Need assistance? You can:

For: RANDY R MOORE /principal Call us: 1-800-204-5936. We're available 24 hours a day, seven days a week;

-Or-

Write to us at:

Merrick Bank, P.O. Box 9201, Old Bethpage, NY 11804-9001

Please note any requests or information sent with your payment will not be reviewed or processed.

(WITHOUT RECOURSE)

Thank you for choosing Merrick Bank.

OPPORTUNITY TO CURE

I, Moore R Randy/agent on behalf of RANDY R MOORE/PRINCIPAL, hereby accept all titles, rights, interest, and equity owed to RANDY R MOORE/PRINCIPAL.

I hereby instruct CFO David Young to apply the principal balance to the principal account #5425395070826375 for each and every billing cycle for set-off.

I also instruct CFO David Young to communicate in writing within 5 business days once instructions are completed.

If instructions are not completed, I instruct CFO David Young to respond in writing within 5 business days giving reason of non-performance of fiduciary duties.

If no communication is made within 5 business days, I, Moore R Randy/agent on behalf of RANDY R MOORE/PRINCIPAL can assume that instructions are completed.

- restricted endorsement -
By: Moore R Randy/agent
For: RANDY R MOORE/principal
(without recourse)

Please note any requests or information sent with your payment will not be reviewed or processed.

Thank you for choosing Merrick Bank.

Write to us at:
Merrick Bank, P.O. Box 9201, Old Bethpage, NY 11804-9001

Call us: 1-800-204-5936. We're available 24 hours a day, seven days a week;

Other Account Requests or Need assistance? You can:

Calling us at 1-800-204-5936. We're available 24 hours a day, seven days a week.

Logging in to the Cardholder Center at merrickbank.com/cardholdercenter.

Please update your address, phone number or email address by:

Has your Contact Information Changed?

Merrick Bank



go paperless

Enroll at www.merrickbank.com

Statement Date: 10/19/23
Account Number: 5425 3950 7082 6375

Page 1 of 1



| New Balance | Past Due Amount | Minimum Amt. Due | Payment Due Date | Write In Amount Or Payment Enclosed |
|-------------|-----------------|------------------|------------------|--|
| \$390.31 | \$0.00 | \$35.00 | 11/13/23 | \$ 390.31 |

VISA

Send Payments to:

MERRICK BANK
PO BOX 660702
DALLAS TX 75266-0702

RANDY R MOORE SR
3618 AURIGA DR
GARLAND TX 75044-6638

65544
0210

Three hundred ninety and 31/100



Paid to Beaver

54253950708263750000035000000390314

DEFAULT OF NOTICE

I, Moore R Randy/agent on behalf of RANDY R MOORE/PRINCIPAL, hereby accept all titles, rights, interest, and equity owed to RANDY R MOORE/PRINCIPAL.

I hereby instruct CFO David Young to apply the principal balance to the principal account #5425395070826375 for each and every billing cycle for set-off.

I also instruct CFO David Young to communicate in writing within 5 business days once instructions are completed.

If instructions are not completed, I instruct CFO David Young to respond in writing within 5 business days giving reason of non-performance of fiduciary duties.

If no communication is made within 5 business days, I, Moore R Randy/agent on behalf of RANDY R MOORE/PRINCIPAL can assume that instructions are completed.

Accepted
For Deposit



| New Balance | Past Due Amount | Minimum Amt. Due | Payment Due Date | Write In Amount Of Payment Enclosed |
|-------------|-----------------|------------------|------------------|--|
| \$390.31 | \$0.00 | \$35.00 | 11/13/23 | \$ 390.31 |

VISA

Three-Hundred ninety and $\frac{31}{100}$

Send Payments to:

MERRICK BANK
PO BOX 660702
DALLAS TX 75266-0702

RANDY R MOORE SR
3618 AURIGA DR
GARLAND TX 75044-6638

45267



Paid to Bearer

542539507082637500003500000390314

restricted endorsement
By: Moore R Randy / agent +
For: RANDY R MOORE / principal
without recourse

MERRICK BANK
PO BOX 9201
OLD BETHPAGE, NY 11804

RANDY R MOORE SR
3618 AURIGA DR
GARLAND, TX 75044-6638



November 1, 2023

RE: Account ending in 6375

Dear Randy R. Moore Sr.,

We are in receipt of your correspondence, which was received on October 20, 2023, regarding the above referenced account.

While we regret your dissatisfaction, the document enclosed with your letter is not a valid form of payment for your account. As per section 3 of the enclosed cardholder agreement, "You must pay in U.S. Dollars, with a check, draft, or money order drawn on a United States bank or the United States Postal Service, or through an automated clearing house acceptable to us in our sole discretion". Additionally, section 3 also states, "Payments in excess of the Minimum Payment shown on the most recent Billing Statement will be applied first to the highest Annual Percentage Rate (APR) balance. In general, amounts up to the Minimum Payment will be applied in the manner most favorable to us, which usually will be to lower APR balances (including any zero APR balances) before higher APR balances".

Our records indicate that the last payment of \$35.00 was received on September 29, 2023. If you believe you have made payments which have not been credited to your account, please submit proof of those payments (i.e. a clear copy of the front and back of your canceled check/money order), and we will be happy to investigate.

Should you have any questions, please feel free to contact us at 1-800-253-2322. One of our Customer Service Representatives will be happy to assist you. We hope we have been of assistance to you and appreciate the opportunity to respond.

Sincerely,

Merrick Bank
Customer Service

Enclosure



P.O. BOX 171379
SALT LAKE CITY, UT 84117-1379

November 7, 2023

RANDY R MOORE SR
3618 AURIGA DR
GARLAND TX 75044-6638

A00037281
Q210



RE: 5425 3950 7082 6375

Dear Randy R Moore Sr:

We received your payment coupon and/or billing statement at our payment processing center without your payment enclosed.

Please promptly make your payment using one of our convenient methods:

- * **Online** - Visit www.merrickbank.com/cardholdercenter
- * **Mobile** - Through the Merrick Bank mobile app
- * **Phone** - Call 800-253-2322. Service is available 24 hours a day, 7 days a week
- * **Mail** - Merrick Bank P.O. Box 660702 Dallas, TX 75266-0702
- * **Overnight Mail** - Merrick Bank Attn: Lockbox Operations # 660702, 2701 East Grauwyler Rd., BLDG 1 Irving, TX 75061

You can also have payments expedited by using the following options. Keep in mind the following payment providers below charge a fee:

- * **Money Gram** - Visit www.moneygram.com and use Receiver code 1585
- * **Western Union Quick Collect** - input Merrickbank, NY as the 'Code City'

We hope to have been of assistance and if you have any further questions, you may contact our Customer Service Department at 800-253-2322.

Sincerely,

Merrick Bank
Customer Service

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: Merrick Bank P.O. Box 5000 Draper, Utah 84020 Attn: CFO David Young</p> | | <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>11-20-23</i></p> | |
| <p>2. Article Number (Transfer from service label) 9590 9402 8412 3156 4946 12</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> | | <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>9589 0710 5270 0768 7500 08</p> | | <p>Domestic Return Receipt</p> | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to: Merrick Bank P.O. Box 5000 Draper, Utah 84020 Attn: CFO David Young</p> | | <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>10-20-23</i></p> | |
| <p>2. Article Number (Transfer from service label) 9590 9402 7769 2152 3985 95</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> | | <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| <p>RE 261 062 653 US</p> | | <p>Domestic Return Receipt</p> | |

PS Form 3811, July 2020 PSN 7530-02-000-9053

| USPS TRACKING # | |
|---|--|
| <p>9590 9402 8412 3156 4946 12</p> | <p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p> |
| <p>United States Postal Service</p> | |
| <p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>Randy Mure 3618 Auriga Dr. Garland, Tx 75044</p> | |

STATUTORY DURABLE POWER OF ATTORNEY

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE DURABLE POWER OF ATTORNEY ACT, SUBTITLE P, TITLE 2, ESTATES CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO. IF YOU WANT YOUR AGENT TO HAVE THE AUTHORITY TO SIGN HOME EQUITY LOAN DOCUMENTS ON YOUR BEHALF, THIS POWER OF ATTORNEY MUST BE SIGNED BY YOU AT THE OFFICE OF THE LENDER, AN ATTORNEY AT LAW, OR A TITLE COMPANY.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until:

1. you die or revoke the power of attorney;
2. your agent resigns, is removed by court order, or is unable to act for you; or
3. a guardian is appointed for your estate.

I, RANDY R MOORE, of 3618 Auriga Drive Garland, TX 75044, of Dallas County, appoint Moore R Randy as my agent to act for me in any lawful way with respect to all of the following powers that I have initialed below. (YOU MAY APPOINT CO-AGENTS. UNLESS YOU PROVIDE OTHERWISE, CO-AGENTS MAY ACT INDEPENDENTLY.)

TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (O) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS LISTED IN (A) THROUGH (N).

TO GRANT A POWER, YOU MUST INITIAL THE LINE IN FRONT OF THE POWER YOU ARE GRANTING.

TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF THE POWER. YOU MAY, BUT DO NOT NEED TO, CROSS OUT EACH POWER WITHHELD.

- _____ (A) Real property transactions;
- _____ (B) Tangible personal property transactions;
- _____ (C) Stock and bond transactions;
- _____ (D) Commodity and option transactions;
- _____ (E) Banking and other financial institution transactions;

- _____ (F) Business operating transactions;
- _____ (G) Insurance and annuity transactions;
- _____ (H) Estate, trust, and other beneficiary transactions;
- _____ (I) Claims and litigation;
- _____ (J) Personal and family maintenance;
- _____ (K) Benefits from social security, Medicare, Medicaid, or other governmental programs or civil or military service;
- _____ (L) Retirement plan transactions;
- _____ (M) Tax matters;
- _____ (N) Digital assets and the content of an electronic communication;

RM (O) ALL OF THE POWERS LISTED IN (A) THROUGH (N). YOU DO NOT HAVE TO INITIAL THE LINE IN FRONT OF ANY OTHER POWER IF YOU INITIAL LINE (O).

SPECIAL INSTRUCTIONS

Special instructions applicable to agent compensation (*initial in front of one of the following sentences to have it apply; if no selection is made, each agent will be entitled to compensation that is reasonable under the circumstances*):

RM My agent is entitled to reimbursement of reasonable expenses incurred on my behalf and to compensation that is reasonable under the circumstances.

_____ My agent is entitled to reimbursement of reasonable expenses incurred on my behalf but shall receive no compensation for serving as my agent.

Special instructions applicable to co-agents (if you have appointed co-agents to act, initial in front of one of the following sentences to have it apply; if no selection is made, each agent will be entitled to act independently):

_____ Each of my co-agents may act independently for me.

_____ My co-agents may act for me only if the co-agents act jointly.

_____ My co-agents may act for me only if a majority of the co-agents act jointly.

Special instructions applicable to gifts (*initial in front of the following sentence to have it apply*):

_____ I grant my agent the power to apply my property to make gifts outright to or for the benefit of a person, including by the exercise of a presently exercisable general power of appointment held by me, except that the amount of a gift to an individual may not exceed the amount of annual

exclusions allowed from the federal gift tax for the calendar year of the gift.

UNLESS YOU DIRECT OTHERWISE BELOW, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT TERMINATES. CHOOSE ONE OF THE FOLLOWING ALTERNATIVES BY CROSSING OUT THE ALTERNATIVE NOT CHOSEN:

- A. This power of attorney is not affected by my subsequent disability or incapacity.
- B. This power of attorney becomes effective upon my disability or incapacity.

YOU SHOULD CHOOSE ALTERNATIVE (A) IF THIS POWER OF ATTORNEY IS TO BECOME EFFECTIVE ON THE DATE IT IS EXECUTED.

IF NEITHER (A) NOR (B) IS CROSSED OUT, IT WILL BE ASSUMED THAT YOU CHOSE ALTERNATIVE (A).


If Alternative (B) is chosen and a definition of my disability or incapacity is not contained in this power of attorney, I shall be considered disabled or incapacitated for purposes of this power of attorney if a physician certifies in writing at a date later than the date this power of attorney is executed that, based on the physician's medical examination of me, I am mentally incapable of managing my financial affairs. I authorize the physician who examines me for this purpose to disclose my physical or mental condition to another person for purposes of this power of attorney. A third party who accepts this power of attorney is fully protected from any action taken under this power of attorney that is based on the determination made by a physician of my disability or incapacity.

I agree that any third party who receives a copy of this document may act under it. Termination of this durable power of attorney is not effective as to a third party until the third party has actual knowledge of the termination. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. The meaning and effect of this durable power of attorney is determined by Texas law.

If any agent named by me dies, becomes incapacitated, resigns, refuses to act, or is removed by court order, or if my marriage to an agent named by me is dissolved by a court decree of divorce or annulment or is declared void by a court (unless I provided in this document that the dissolution or declaration does not terminate the agent's authority to act under this power of attorney), I name the following (each to act alone and successively, in the order named) as successor(s) to that agent:

_____.

Signed this 16 day of OCTOBER, 2023

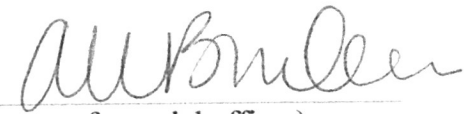

(your signature)

State of Texas

County of Dallas

This document was acknowledged before me on 10/16/23 (date)

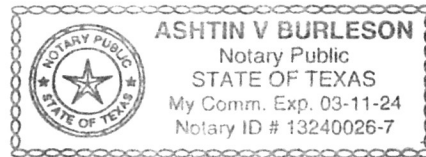
RANDY R MOORE
(name of principal)


(signature of notarial officer)

(Seal, if any, of notary)

Ashtin V. Burleson
(printed name)

My commission expires: 3/11/2024



The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Randy R. Moore / Pro SE

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

Dallas

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEC - 4 2023

DEFENDANTS

Memick Bank / CFO David Youngs

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

3 - 23 CV 2667 - S

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | | | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

| CONTRACT | TORTS | FORFEITURE/PENALTY | BANKRUPTCY | OTHER STATUTES | |
|--|--|--|---|---|---|
| <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input checked="" type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise | PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice | PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions | <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 INTELLECTUAL PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 | <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes |
| REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property | CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education | PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement | | | |

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Federal Reserve Act Section 16329, Bills of Exchange Act

Brief description of cause:

Non-performance of fiduciary duties

VII. REQUESTED IN COMPLAINT:
☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$ 10,000,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE 12/4/2023 SIGNATURE OF ATTORNEY OF RECORD

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